



**Health
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DATA QUALITY MANAGEMENT CONTROL (DQMC) PROGRAM

**TRICARE Data Quality Training
Course**

September 21, 2010



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Briefing Purpose

Provide an overview of the Data Quality Management Control (DQMC) Program in the Military Health System (MHS):

- Data quality concepts;
- Background of DQMC Program;
- Components of the DQMC Program;
- TMA Summary of Data Quality Statement metrics;
- Inspections and External Audit statistics;
- Highlight current topics and ongoing issues; and



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Data Quality Concepts

Attributes ...

Timeliness

Accuracy

Consistency Completeness



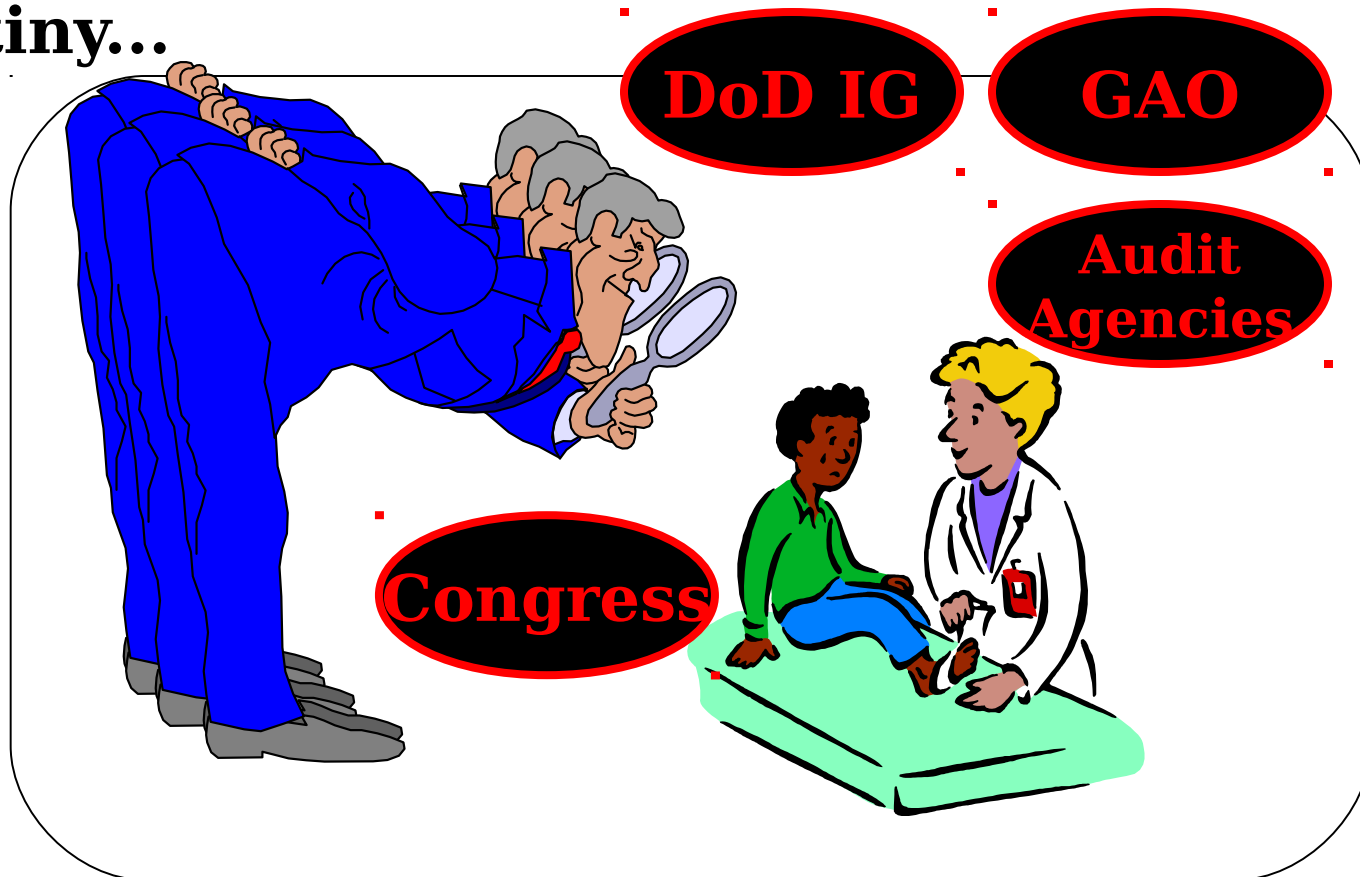
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Data Quality Concepts

Why Worry about Data Quality?

One reason is external scrutiny...





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Data Quality Concepts

Problems with Information Technology (IT)

- Typically, Data Quality is viewed as an IT problem ...
 - Some of our problems with data quality can be attributed to problems with Information Technology (IT);
 - Examples:
 - Errors in transmission of data;
 - Errors in processing data;
 - Unsynchronized databases;
- But ...
 - The most difficult problems we face with data quality are not directly attributable to IT, nor readily fixed by IT solutions.



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Data Quality Concepts

A few examples of non-Information Technology problems causing problems with data quality:

- Lack of standardized business rules and policies;
- Inconsistent choices of codes, weights and algorithms;
- Lack of adequate training and education;
- Lack of adequate local data quality assurance; and
- Failure to set and enforce tough performance expectations about data quality.



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Data Quality Concepts

Our people have to understand both the business and the technology...

- Training & Education: Quality data requires more than training data-entry personnel;
 - Data Quality Training Course - aimed at DQ Managers (offered 3 times a year);
 - MEPRS Application & Data Improvement (MADI);
 - Working Information Systems to Determine Optimal Management (WISDOM); and
 - Providers – Documentation and Coding.



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Data Quality Concepts

Solutions to effectively fix data problems:

- Reasonable feedback for Commanders and Users, such as:
 - Metrics - Fast feedback to Commanders about the quality of their data;
 - Rapid availability of data for use;
- Best Practices – literature, forums, conferences; and
- Core competency.



DQMC Program Background

TMA DQMC Program Implemented 01 Dec 2000 (FY 2001)

- DoD IG identified material management control weakness for MHS - Directed development of data quality assurance and management control program;
- 2 Specific Reports:
 - DoD IG report concerning the FY98 Retirement Liability Estimate;
 - GAO Medicare Subvention Demonstration report;
- ASD (HA) concurred with DoD IG material management control weakness findings; and
- ASD (HA) designated TMA Resource Management Steering Committee to oversee the development of an MHS DQ Management Control Program.





DQMC Program

Background

TMA Data Quality Management Control Program

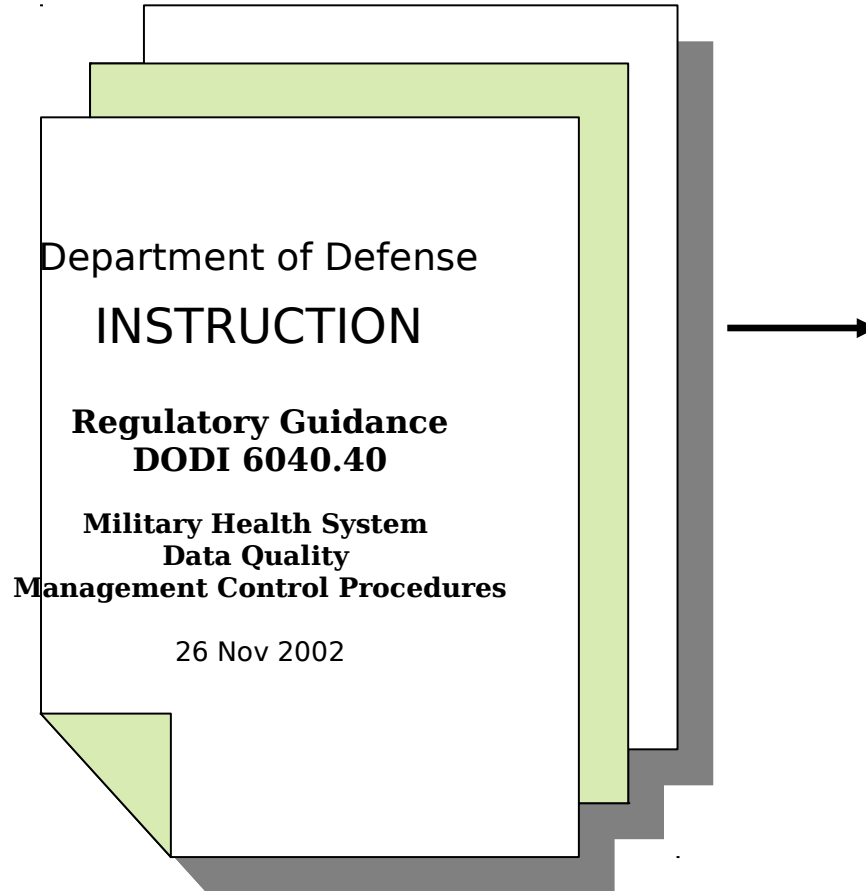
- Development of DQMC involved multiple working groups to include major system representatives;
 - DoD comptroller, DoD IG and GAO provided oversight in its development;
 - Program has been staffed through the Services with input from field (former Region 11 MTFs); and
- Policy Memorandum signed on 29 Nov 00 (implemented on 01 Dec 00). Subsequently



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Background



DoDI 6040.40 updated
annually

2 Enclosures:

- DQMC Review List
- Data Quality Statement



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Components of Program

TMA DQMC Program improves data quality and ensures that the MTF receives credit for the good work that they do:

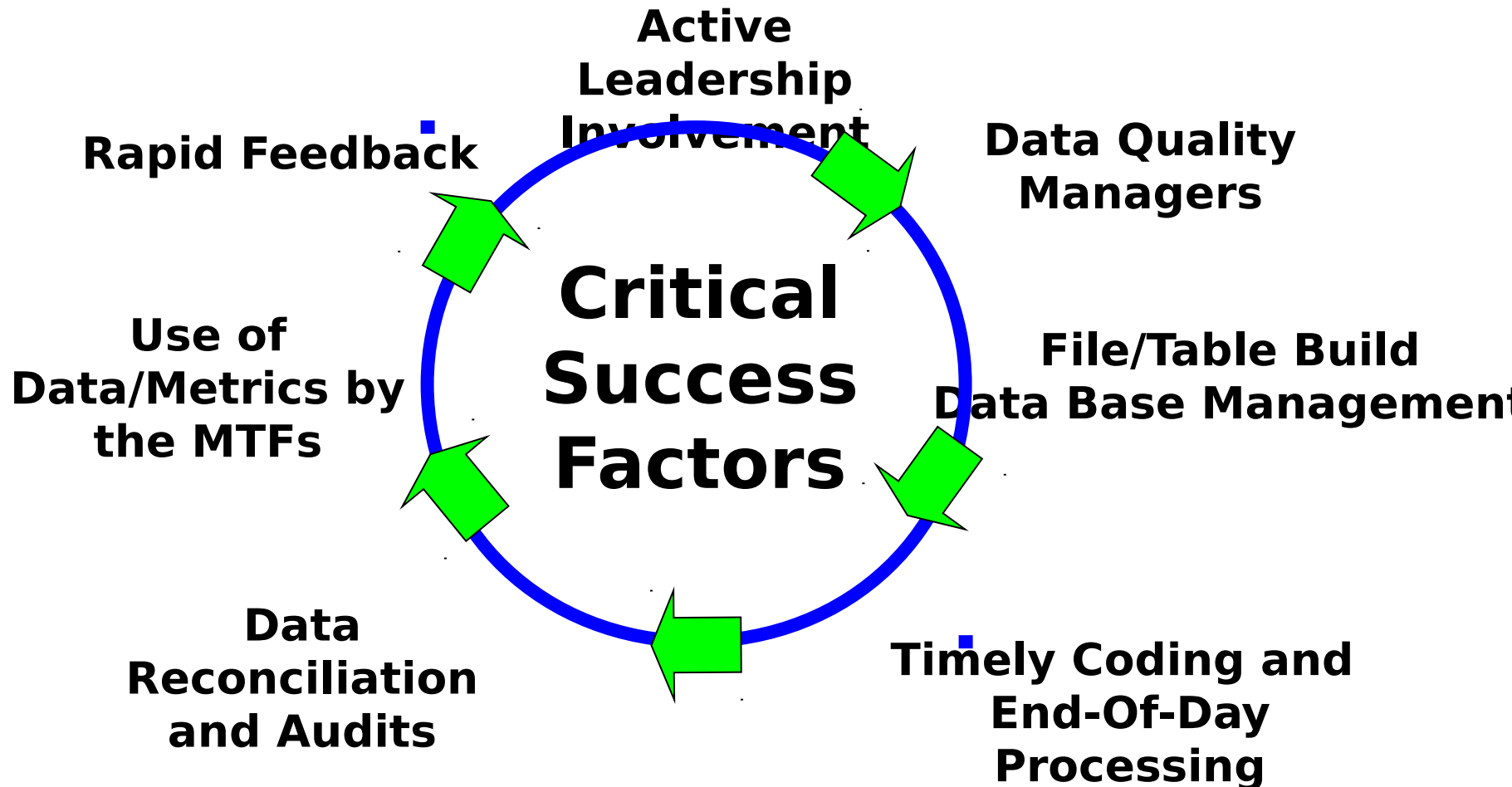
- Data Quality Manager & Data Quality Assurance Team
- DQMC Review List - Internal tool to assist MTFs monthly in identifying and correcting financial and clinical workload data problems *[Enclosure 1 of DODI 6040.40]*;
- Data Quality Statement - Commander signs, subset of DQMC Review List *[Enclosure 2 of DODI 6040.40]*;
- MHS DOMC Workgroup



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Components of Program





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DQ Metrics

TMA Summary of DQ metrics

- DQ Statements:
 - Received by TMA from Services on the 10th of the month for the preceding month's report. (Applies to the prior month's data.) Used to create the TMA Service Trends spreadsheets;
- TMA Summary:
 - Constructed from the three Service Trends and briefed to both the Resource Management Steering Committee (RMSC) and TMA Senior Leadership and Service DSGs (CFOIC) twice a year;



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DQ Metrics

How are these metrics used?

- Timely feedback to the Commanders about the quality of their data
- Discussed monthly at DQMC Workgroup meetings
 - Service DQ POCs and TMA meet
 - Service and TMA-wide issues discussed and documented:
 - ADM Write-back discovery/solutions
 - Observation Care Policy
 - Table updates
 - WWR Utility
 - Metrics compliance /implementation
 - MEWACS hits



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DQ Metrics

How are these metrics used?

- Posted on the **TMA - OCFO, MC&FS - Web site, DQMC webpage**
 - [http://
www.tricare.mil/ocfo/mcfs/dqmcp.cfm](http://www.tricare.mil/ocfo/mcfs/dqmcp.cfm)
 - Metrics & Reports
 - Important reference material
- Peer Review




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DQ Metrics

TMA DQMC webpage

<http://www.tricare.mil/ocfo/mcfs/dqmcp.cfm>

 TRICARE HOME

 OCFO HOME

 **MCFS** Management Control & Financial Studies Division

Financial Studies | Financial Systems | Management Control | Program Integrity | **Data Quality Management Control** | MEPRS | UBO

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Data Quality Management Control Program

The Data Quality Management Control (DQMC) Program workgroup reports to the MHS Resource Management Steering Committee (RMSC). The DQMC team serves as the advisory body for developing and recommending the strategic direction for the RMSC in support of the MHS DQMC Program and its associated Department Of Defense Instruction (DoDI 6040.40). The DQMC Program provides command oversight and recommended structure to improve the submission of complete, accurate and timely data and to assure uniformity and standardization of information across the MHS. The workgroup's responsibilities include:

- Identification of policy and information system shortfalls impacting the implementation of DoDI 6040.40 at the service and MTF level
- Coordinate with other MHS workgroups and TMA directorates as required to communicate shortfalls and provide recommended solutions
- Insure the Data Quality Review List and Commanders Statement (DoDI 6040.40) are updated to reflect policy changes and standards as required
- Serve as the point of contact for Government Accountability Office/Department Of Defense Inspector General (GAO/DoDIG) and other external agencies on all DQMC issues
- Provide oversight and support in conducting the MHS Data Quality Course and provide training and education on implementation of DoDI 6040.40



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DQ Metrics

FY 2010 Questionnaire

Dec 2009 (October FY 2010 Data Month) Data Quality Statement - TMA Summary

NOTE: Service summaries are calculated as a numerical average of the MTF input.

Color Code: Green (95-100), Yellow (80-94), Red (79 and below); except 8e & 9 Green (80 and above), Red (79 and below)

Reporting Month

Data Month

Service Name

QUESTION KEY:

1. In the reporting month:

a. What percentage of appointments were closed in meeting your "End of Day" processing requirements, "Every appointment - Every day?"

2. IAW legal and medical coding practices have all the following occurred:

a. % of Outpatient Encounters (non-APY) coded within 3 business days of encounter.

b. % of APYs coded within 15 calendar days of encounter.

c. % of Inpatient records coded within 30 calendar days after discharge.

3. IAW with TMA policy, "Implementation of EAS/MEPRS Data Validation and Reconciliation DoD 6010.13-M":

a. Monthly EAS/MEPRS financial reconciliation process was completed, validated, & approved prior to monthly transmission.

b. Were the data load status, outlier/variance, VWR-EAS IV, & Alloc. Tabs in MEVACS reviewed and anomaly explanations given?

c. MEPRS Report Reconciliation DoD 6010.13-M: For DMHRSI, What is the Percentage of Submitted Timecards by the Suspense Date?

d. MEPRS Report Reconciliation DoD 6010.13-M: For DMHRSI, What is the Percentage of Approved Timecards by the Suspense Date?

4. Compliance with TMA or Service-Level guidance for timely submission of data:

a. MEPRS/EAS - 45 calendar days

b. SADR/CHCS - 5th working day of the following month

c. VWR/CHCS - 10th calendar day of the following month

d. SADR/ADM - Daily

5. Outcome of monthly inpatient coding audit:

a. % of Inpatient Records whose assigned (DRG) codes were correct?

b. % of Inpatient Professional Services Rounds encounters E & M codes audited and deemed correct?

c. % of Inpatient Professional Services Rounds encounters ICD-9 codes audited and deemed correct?

d. % of Inpatient Professional Services Rounds encounters CPT codes audited and deemed correct?

e. % of completed & current (signed within the past 12 months) DD Form 2569s (TPC Insurance Info) is available for audit?

f. % of available, current and complete DD Form 2569s is verified to be correct in the Patient Insurance Information (PII) module in CHCS?

6. Outpatient Records

a. Is the documentation of the encounter selected to be audited available? (Documentation includes document, in medical record, loose (hard) copy or elect. AHLTA record.)

b. % of E&M codes deemed correct? (E & M Codes must comply with current DoD guidance)

c. % of ICD-9 codes deemed correct?

d. % of CPT codes deemed correct? (CPT Codes must comply with current DoD guidance)

e. % of completed & current (signed within past 12 months) DD Form 2569s (TPC Insurance info.) is available for audit?

f. % of available, current, and complete DD Form 2569s is verified to be correct in PII module of CHCS?

7. Ambulatory Procedure Visits (APY)

a. Is the documentation of the encounter selected to be audited available? (Documentation includes document, in medical record, loose (hard) copy or elect. AHLTA record.)

b. % of ICD-9 codes deemed correct (APY)?

c. % of CPT codes deemed correct (APY)? (CPT Codes must comply with current DoD guidance)

d. % of completed & current (signed within past 12 months) DD Form 2569s (TPC Insurance info.) is available for audit?

e. % of available, current, and complete DD Form 2569s is verified to be correct in PII module of CHCS?

8. Comparison of reported workload data [Service average is average of percentage of each MTF.]

a. # of SADR encounters (count only) / # of VWR visits

b. # of SADR dispositions / # of VWR dispositions

c. # of EAS visits / # of VWR visits

d. # of EAS dispositions / # of VWR dispositions

e. # of Inpatient Professional Services Rounds SADR encounters (FCC=A***) / # of SUM VWR (Total Bed days + Dispositions) Note: FY10 Goal 80%

9. System Design, Development, Operations, and Education/Training

a. # of AHLTA SADR encounters / # of Total SADR encounters. (question is intended to gauge AHLTA penetration) Note: FY10 Goal 80%

10. CHCS software used to identify duplicate patient registration records

a. What was the number of potential duplicate records in the reporting month?

11. Awareness of Data Quality Issues

a. I am aware of data quality issues identified by the DQMC Review list and when needed, have taken action to improve the data from my facility.



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DQ Metrics

See handout

Hea & Dec 2009 (October FY 2010 Data Month) Data Quality Statement - TMA Summary

NOTE: Service summaries are calculated as a numerical average of the MTF input.

Color Code: Green (95-100), Yellow (80-94), Red (79 and below); except 8e & 9 Green (80 and above), Red (79 and below)

Reporting Month Data Month Service Name	Month #1 - Percent Compliant				Month #2 - Percent Compliant			
	Dec-09	Dec-09	Dec-09	Dec-09	Jan-10	Jan-10	Jan-10	Jan-10
	Oct-09	Oct-09	Oct-09	Oct-09	Nov-09	Nov-09	Nov-09	Nov-09
	Army	Navy	Air Force	Svc Avg	Army	Navy	Air Force	Svc Avg
QUESTION KEY:								
1. In the reporting month:								
a. What percentage of appointments were closed in meeting your "End of Day" processing requirements, "Ever	100%	99%	99%	100%	0%	0%	0%	0%
2. IAW legal and medical coding practices have all the following occurred:								
a. % of Outpatient Encounters (non-APV) coded within 3 business days of encounter.	93%	91%	93%	92%	0%	0%	0%	0%
b. % of APVs coded within 15 calendar days of encounter.	96%	92%	85%	91%	0%	0%	0%	0%
c. % of Inpatient records coded within 30 calendar days after discharge.	44%	60%	64%	56%	0%	0%	0%	0%
3. IAW with TMA policy, "Implementation of EAS/MEPRS Data Validation and Reconciliation DoD 6010.13-M":								
a. Monthly EAS/MEPRS financial reconciliation process was completed, validated, & approved prior to monthl	89%	57%	42%	63%	0%	0%	0%	0%
b. Were the data load status, outlier/variance, VWR-EAS IV, & Alloc. Tabs in MEVACS reviewed and anomaly	91%	100%	100%	97%	0%	0%	0%	0%
c. MEPRS Report Reconciliation DoD 6010.13-M: For DMHRSI, What is the Percentage of Submitted Timecard	90%	97%	86%	91%	0%	0%	0%	0%
d. MEPRS Report Reconciliation DoD 6010.13-M: For DMHRSI, What is the Percentage of Approved Timecard	90%	97%	84%	91%	0%	0%	0%	0%
4. Compliance with TMA or Service-Level guidance for timely submission of data:								
a. MEPRS/EAS - 45 calendar days	71%	75%	22%	56%	0%	0%	0%	0%
b. SIDR/CHCS - 5th working day of the following month	96%	95%	80%	90%	0%	0%	0%	0%
c. VWR/CHCS - 10th calendar day of the following month	100%	93%	92%	95%	0%	0%	0%	0%
d. SADR/ADM - Daily	99%	94%	100%	97%	0%	0%	0%	0%
5. Outcome of monthly inpatient coding audit:								
a. % of Inpatient Records whose assigned (DRG) codes were correct?	62%	97%	51%	70%	0%	0%	0%	0%
b. % of Inpatient Professional Services Rounds encounters E & M codes audited and deemed correct?	87%	97%	73%	85%	0%	0%	0%	0%
c. % of Inpatient Professional Services Rounds encounters ICD-9 codes audited and deemed correct?	85%	95%	70%	83%	0%	0%	0%	0%
d. % of Inpatient Professional Services Rounds encounters CPT codes audited and deemed correct?	86%	96%	72%	85%	0%	0%	0%	0%
e. % of completed & current (signed within the past 12 months) DD Form 2569s (TPC Insurance Info) is availabl	92%	98%	51%	80%	0%	0%	0%	0%
f. % of available, current and complete DD Form 2569s is verified to be correct in the Patient Insurance Inform	95%	98%	51%	81%	0%	0%	0%	0%
6. Outpatient Records								
a. Is the documentation of the encounter selected to be audited available? (Documentation includes documen	100%	100%	98%	99%	0%	0%	0%	0%
b. % of E&M codes deemed correct? (E & M Codes must comply with current DoD guidance)	88%	85%	86%	86%	0%	0%	0%	0%
c. % of ICD-9 codes deemed correct?	89%	90%	91%	90%	0%	0%	0%	0%
d. % of CPT codes deemed correct? (CPT Codes must comply with current DoD guidance)	88%	90%	90%	89%	0%	0%	0%	0%
e. % of completed & current (signed within past 12 months) DD Form 2569s (TPC Insurance info.) is available f	83%	78%	88%	83%	0%	0%	0%	0%
f. % of available, current, and complete DD Form 2569s is verified to be correct in PII module of CHCS?	99%	97%	96%	98%	0%	0%	0%	0%
7. Ambulatory Procedure Visits (APV)								
a. Is the documentation of the encounter selected to be audited available? (Documentation includes documen	100%	100%	97%	99%	0%	0%	0%	0%
b. % of ICD-9 codes deemed correct (APV)?	93%	95%	95%	94%	0%	0%	0%	0%
c. % of CPT codes deemed correct (APV)? (CPT Codes must comply with current DoD guidance)	94%	97%	97%	96%	0%	0%	0%	0%
d. % of completed & current (signed within past 12 months) DD Form 2569s (TPC Insurance info.) is available f	96%	97%	87%	93%	0%	0%	0%	0%
e. % of available, current, and complete DD Form 2569s is verified to be correct in PII module of CHCS?	100%	97%	99%	99%	0%	0%	0%	0%
8. Comparison of reported workload data [Service average is average of percentage of each MTF.]								
a. # of SADR encounters (count only) / # of VWR visits	98%	92%	99%	96%	0%	0%	0%	0%
b. # of SIDR dispositions / # of VWR dispositions	17%	55%	33%	35%	0%	0%	0%	0%
c. # of EAS visits / # of VWR visits	74%	82%	93%	83%	0%	0%	0%	0%
d. # of EAS dispositions / # of VWR dispositions	67%	84%	93%	81%	0%	0%	0%	0%
e. # of Inpatient Professional Services Rounds SADR encounters (FCC=A***) / # of SUM VWR (Total Bed da	86%	79%	67%	77%	0%	0%	0%	0%
9. System Design, Development, Operations, and Education/Training								
a. # of AHLTA SADR encounters / # of Total SADR encounters. [question is intended to gauge AHLTA penet	90%	90%	98%	93%	0%	0%	0%	0%
10. CHCS software used to identify duplicate patient registration records								
a. What was the number of potential duplicate records in the reporting month?	582	330	748	553	0	0	0	0
11. Awareness of Data Quality Issues								
improve the data from my facility.	100%	100%	100%	100%	0%	0%	0%	0%



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DQ Metrics

- Metric Standards (colors) are as follows:
 - Green - 95-100
 - Yellow - 80-94
 - Red - 0-79
 - Except 8e and 9, which is Green for 80% and above
 - 3c, 3d, and 10 do not yet have a standard – no color
- Metric colors
 - Generally move from red to green as the fiscal year progresses and issues are ironed out
 - Sometimes “RED” is good, revealing a system wide problem



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DQ Metrics

Observations about FY 2010 DQ metrics:

- Late deployment of ICD-9 Code table and MS-DRG Grouper (Q2c, 5a, 8b)
 - AHLTA, CCE, CHCS
 - Available 1 Oct; AHLTA should be loaded in late Oct; FY10 not available to Services until late Dec 2009 (Q2c)
 - FY 2011 code table deployment schedule
- Late deployment of CPT Code table
 - AHLTA
 - Available 1 Jan; AHLTA should be loaded by late Jan; FY10 not available to Services until late Mar 2010
 - FY 2011 code table deployment schedule

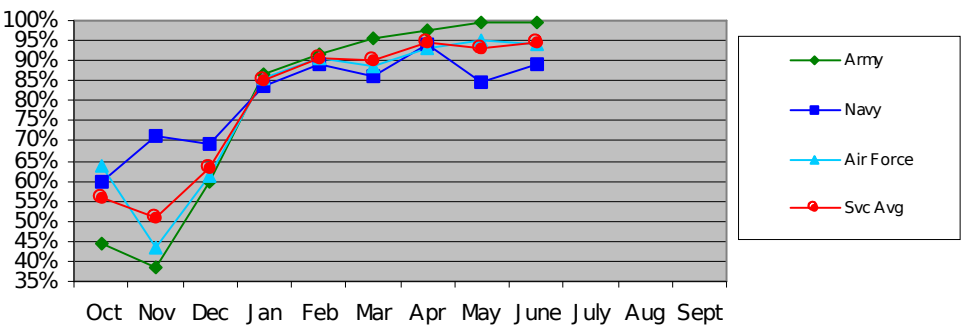


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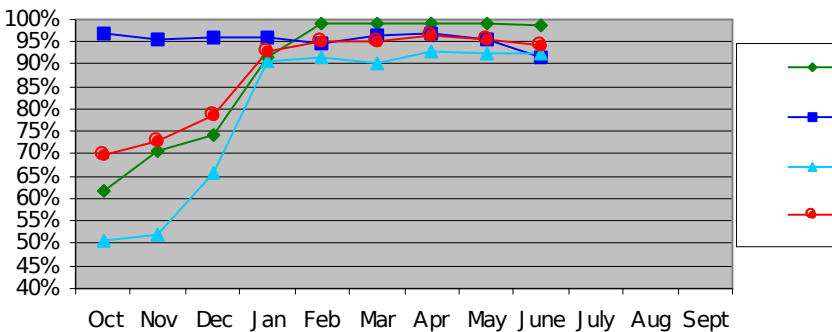
DQ Metrics

Late deployment of ICD-9 Code table

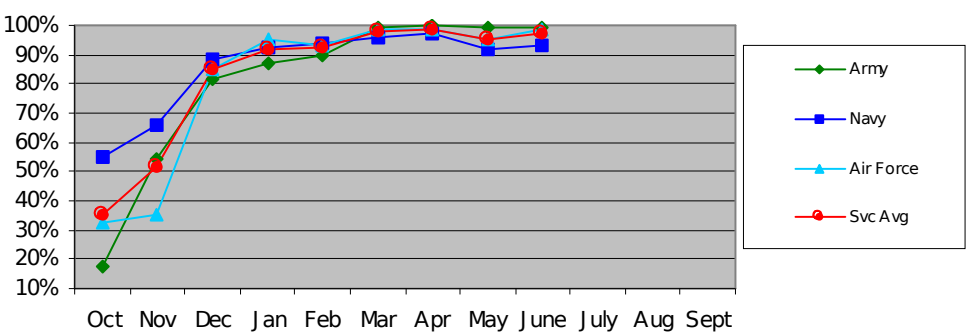
2c. Inpt Coding 30 Day Timeliness



5a. Inpt % Records Correct DRG Codes



8b. SIDR Disp. vs. WWR Disp.





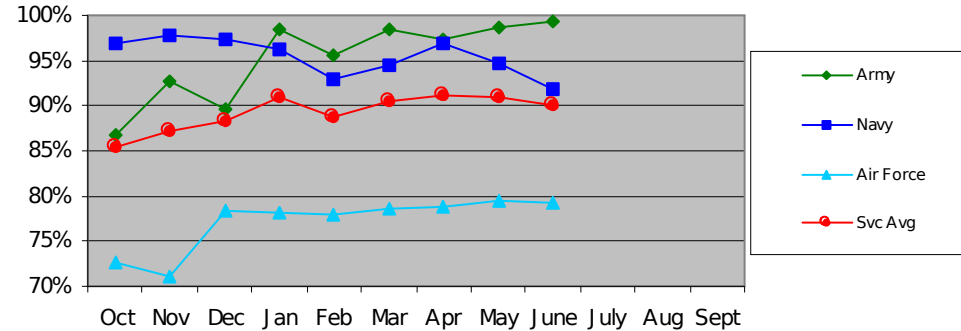
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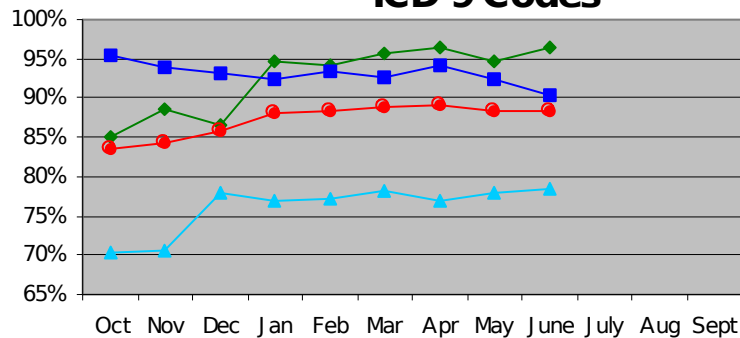
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- AF unable to code Inpatient rounds due to short staff

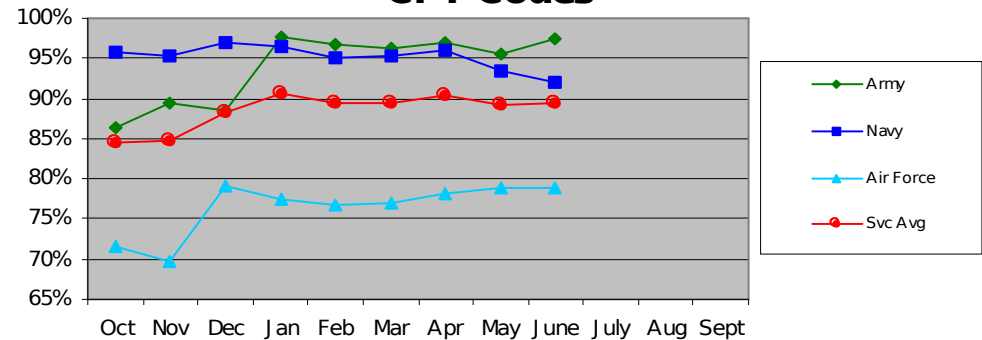
**5b. Inpt % Prof Svcs Encounters
E&M Codes**



**5c. Inpt % Prof Svcs Encounters
ICD-9 Codes**



**5d. Inpt % Prof Svcs. Encounters
CPT Codes**

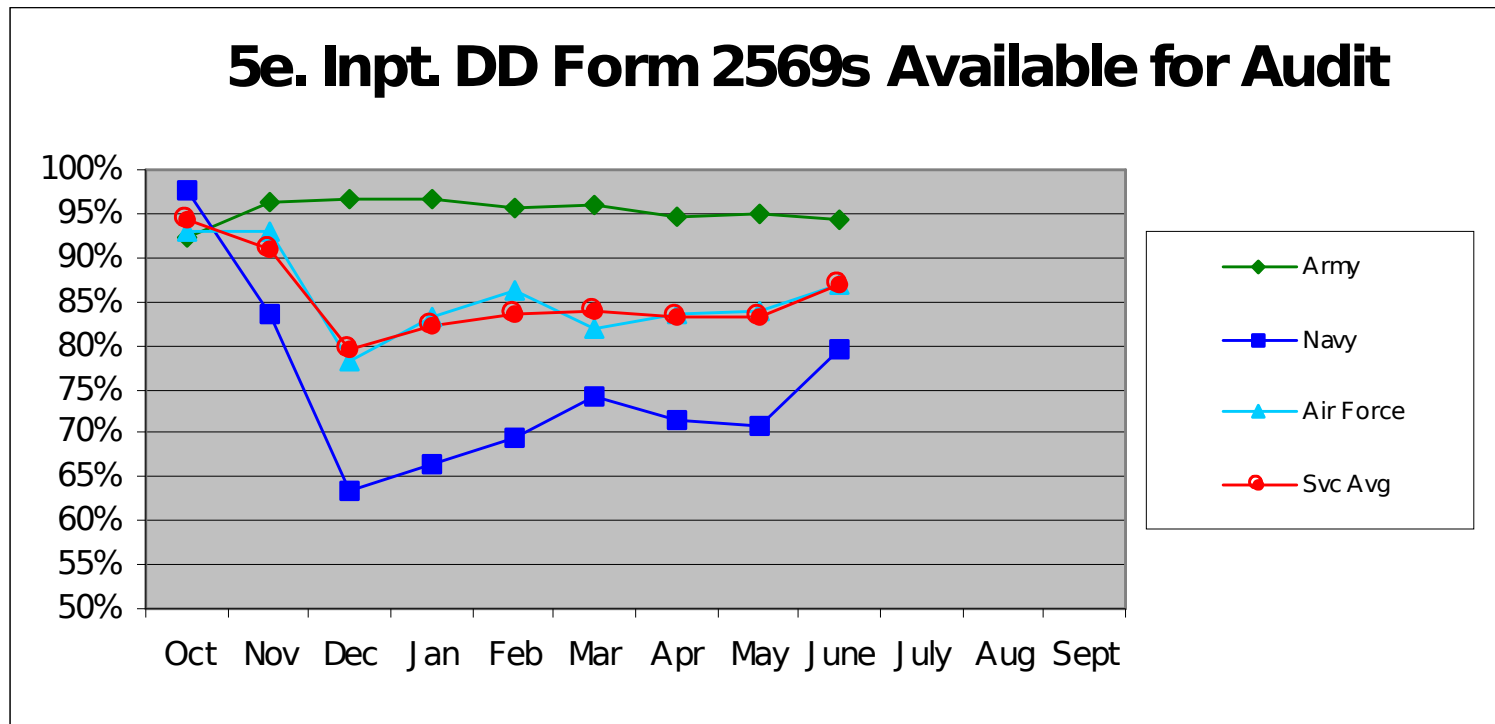




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DQ Metrics

- DD 2569s – “Where are they?”

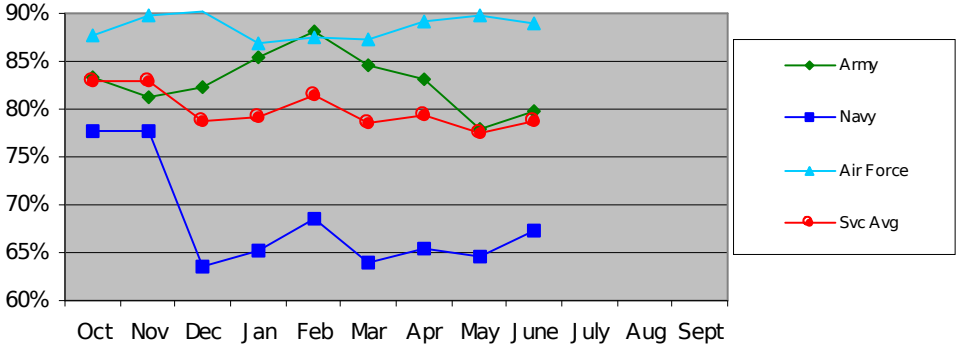




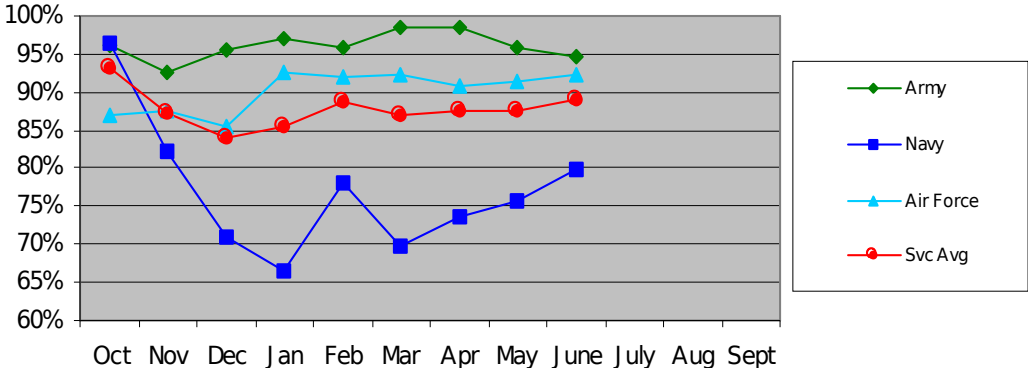
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DQ Metrics

6e. OP DD Form 2569 Compliance



7d. APV DD Form 2569 Compliance





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Inspections/External Audits

DoD IG inspected - results (Apr 01-Oct 01) were published in a report signed 29 Aug 02.

General Comments:

- Inadequate preparation and training of the DQ Team;

DoD IG MTF Specific Comments:

- Lack of audit trail - no supporting documentation;
- Lack of accountability; and
- Lack of training.



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Inspections/External Audits

External Audit - 2002

Iowa Foundation

- The audit consisted of 50 sites, 11,254 cases;
- Unavailability of records (47%);
- Specific encounter not found in 9% of the records;
- Coded incorrectly, 27%; 70% over coded, 30% under coded; and
- Coded correctly, 17%.

AdvanceMed ended up with similar results

- National Capitol Region (NCR) availability of records (9%).

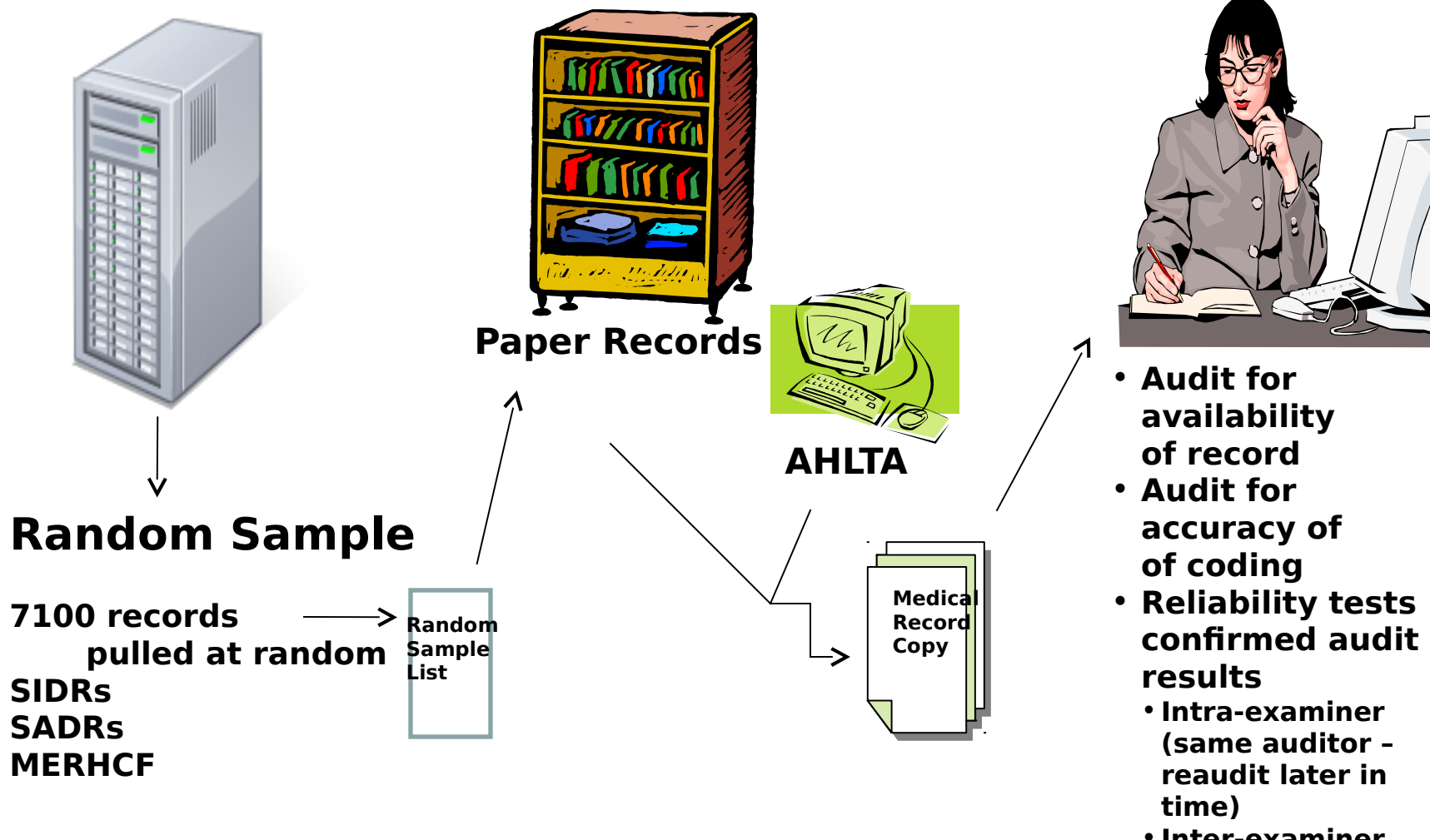


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Inspections/External Audits

FY 2009 MTF External Coding Audit: MHS Data Repository Medical Records Coding Audit





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Inspections/External Audits

11 random samples of FY 2007 medical records drawn from across the direct care system

Audit	Type of Record	Source of Record	Service	Number in Sample
Annual	SIDR	Inpatient	Army	700
Annual	SADR	Outpatient, Non-APV	Army	700
Annual	SADR	APV	Army	700
Annual	SIDR	Inpatient	Navy	700
Annual	SADR	Outpatient, Non-APV	Navy	700
Annual	SADR	APV	Navy	700
Annual	SIDR	Inpatient	Air Force	700
Annual	SADR	Outpatient, Non-APV	Air Force	700
Annual	SADR	APV	Air Force	700
Annual MERHCF	SADR SIDR	APV Inpatient	Air Force MHS wide	700 400

Total audit size = 7,100



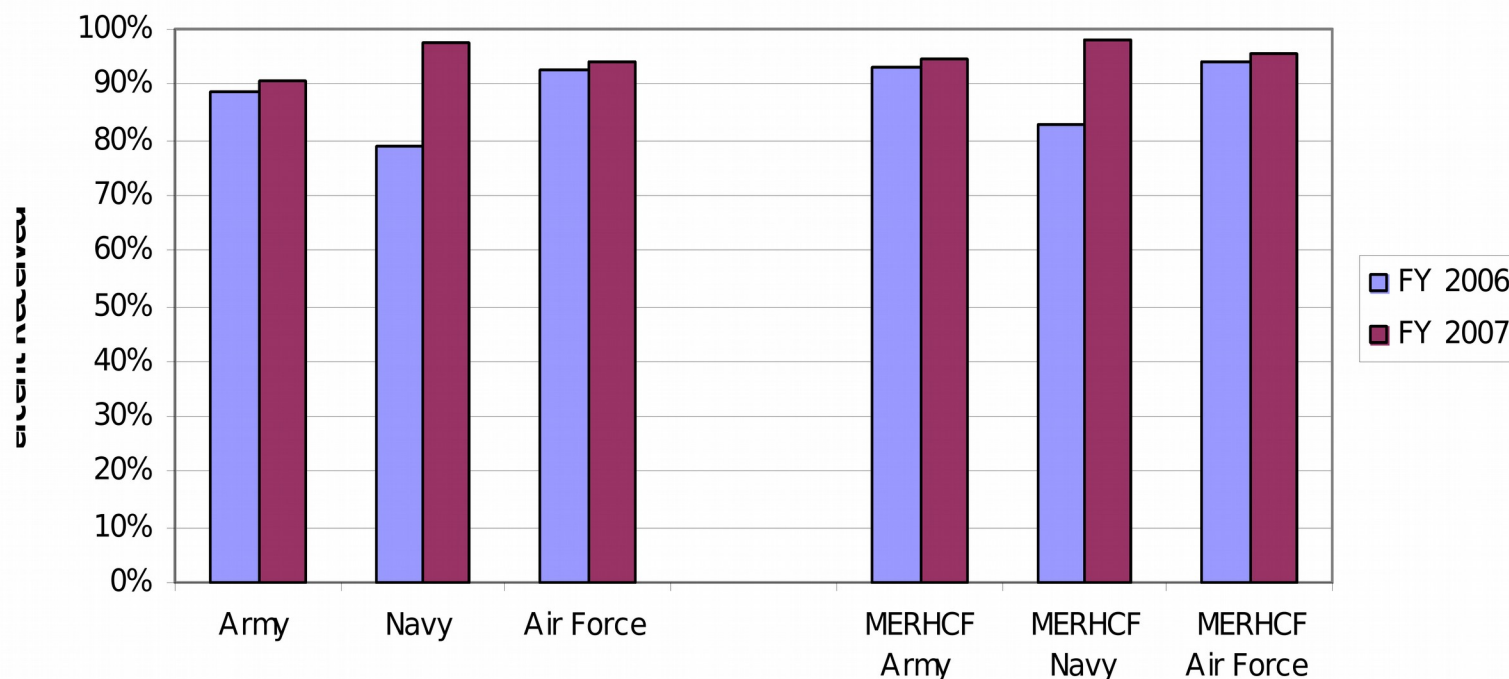
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Inspections/External Audits

External Coding Audit Response Rates FY 2009

(Data Records FY 2007)
Inpatient Audit Response Rates





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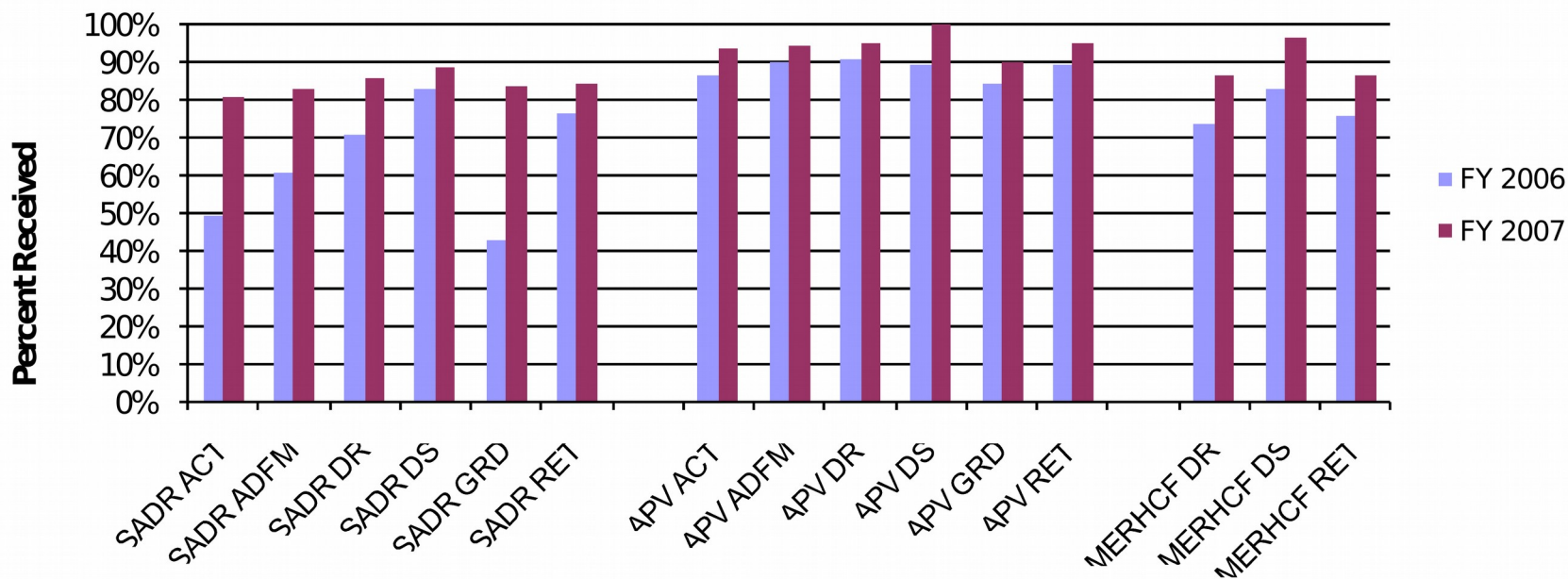
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Inspections/External Audits

External Coding Audit Response Rates FY 2009

(Data Records FY 2007)

Outpatient Audit Response Rates by Bencat



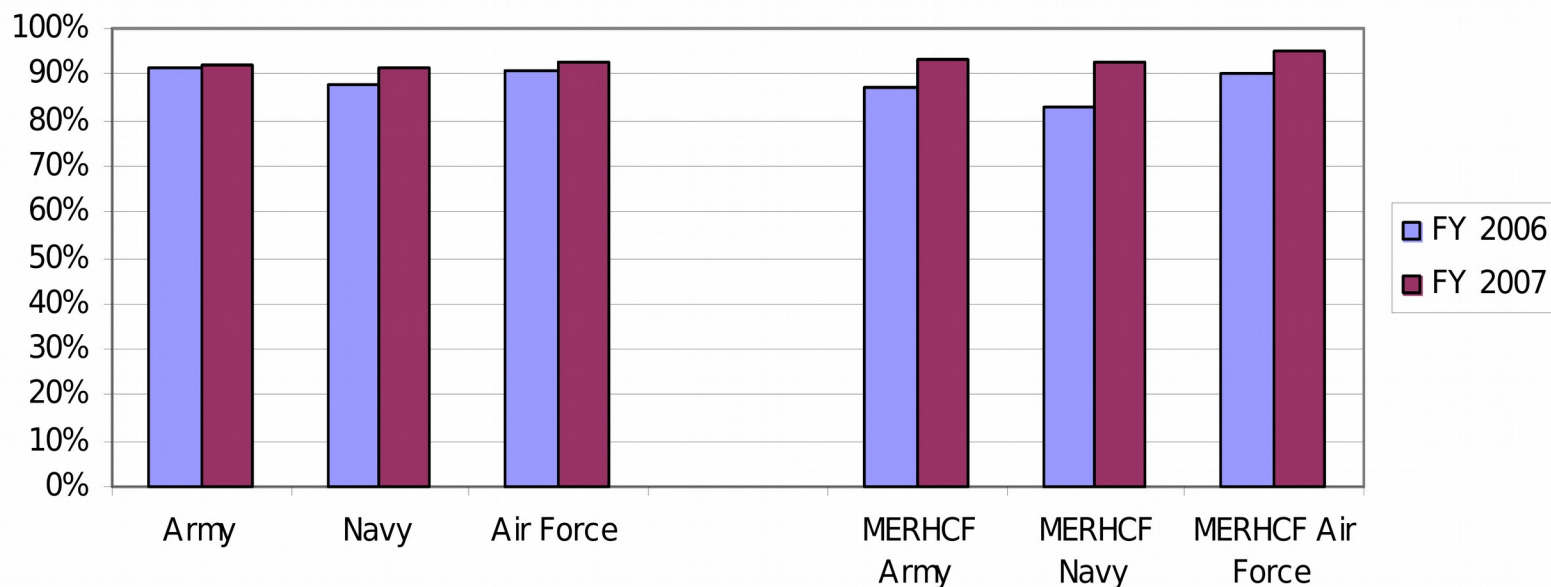


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Inspections/External Audits

Inpatient Percent of Records that Passed the Audit
(only includes records that were received)



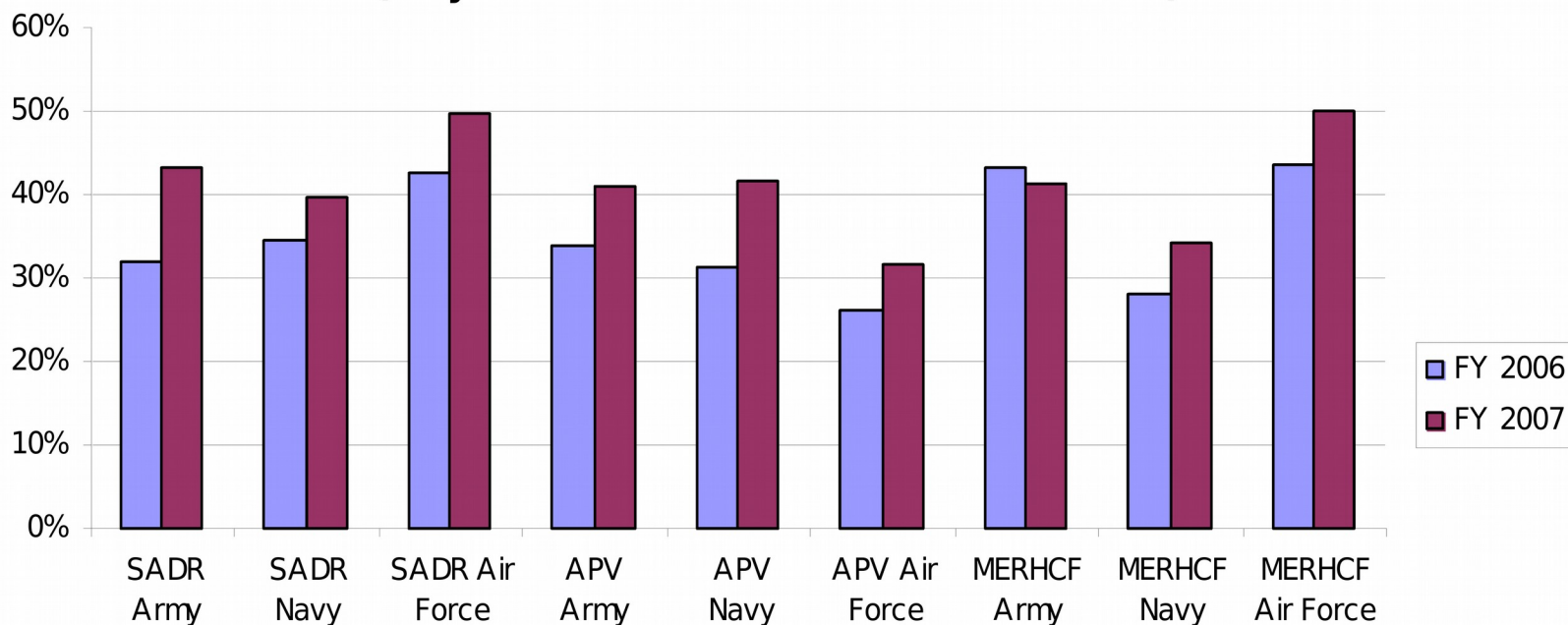


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Inspections/External Audits

Outpatient Percent of Records that Passed the Audit
(only includes records that were received)



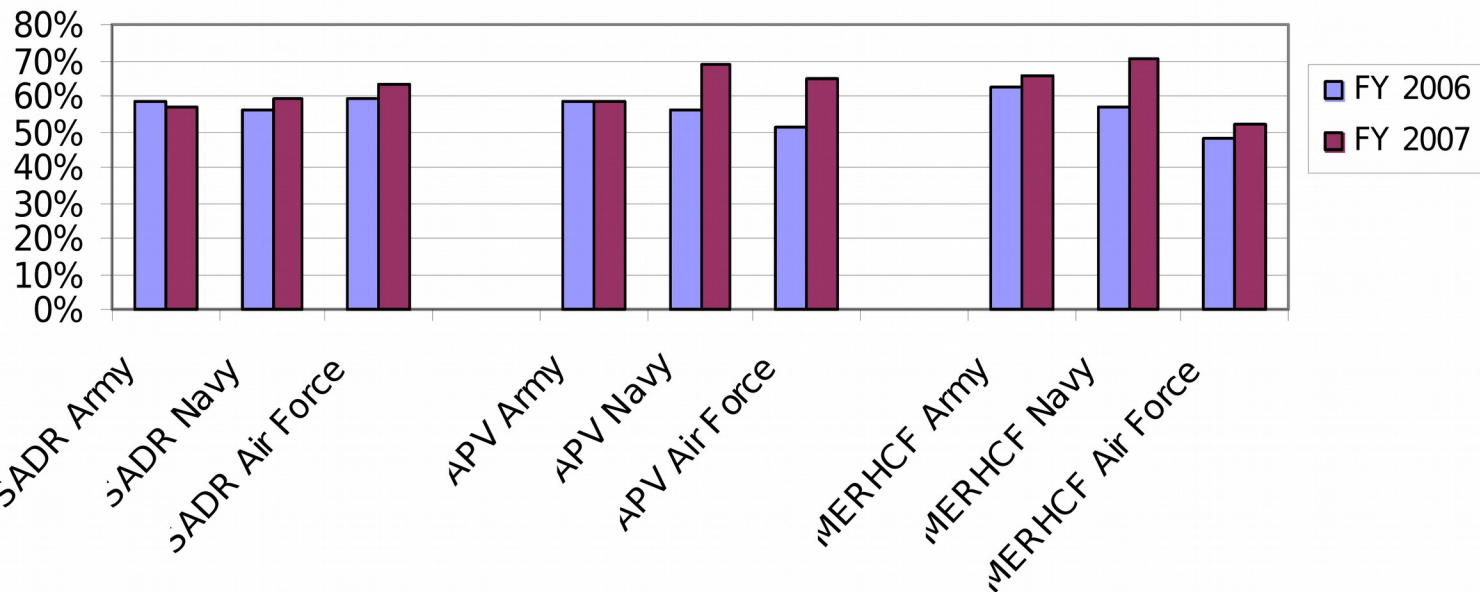


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Inspections/External Audits

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Outpatient Percent of Failed Records with 1 Error



Note: Quick Fix – send the AHLTA cited documentation



DQMC Program

Current Topics

Some of the items currently being pursued:

- Training:
 - DQ Course;
 - Using M2 Data Quality Reports to Improve MTF Data Quality (hands-on tutorial);
 - Navy Patient Admin Course;
 - UBO/UBU Conference;
- Annual Data Quality Statement Update (FY 2011):
 - Clarification of wording in DQMC Review List for Tri-Service uniformity;
 - Addition of several new questions to address CCE usage;
 - Collecting all of the DD-2569 questions into one section;
- Internal Compliance, External Evaluation:
 - MTF External Coding Audit for FY09 (FY07 data records), results distributed; and
 - MTF External Coding Audit for FY10 (FY08 data records), records submitted; auditing being done; results being analyzed.



DQMC Program

Ongoing Issues

Issues being pursued:

- Medical Expense Performance and Reporting System (MEPRS) Timely Reporting
 - Working issues with Air Force submission of DMHRSi
- Central System Table Synchronization (e.g., ICD-9, CPT Table):
 - AHLTA, CHCS;
- Coding Accuracy:
 - MTF External Coding Audits.



DQMC Program Conclusion

There are many benefits to Data Quality:

- Records (with accurate documentation / coding):
 - Provide evidence of treatment and supports budget, reimbursement and billing;
 - Support training and education;
 - Facilitate quality assurance processes;
 - Provide the legal defense for patients, providers and the MHS;
- Availability of records provides the communications link between providers and continuity of care; and



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Conclusion

How Can You Help?

- Provide **feedback** to staff and **use the data**;
- Develop dashboards;
- Brief medical staff on command data;
 - Executive Steering Committee;
 - Department & Division Heads;
- Be well-read/knowledgeable in data quality;
 - Reporting;
 - Analysis; and



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DQMC Program Conclusion

DQ POCs

- TMA -
- Army -
- Navy -
- Air Force -



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Questions

